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Abstract

Although deafness does not eliminate membership in racial, ethnic, linguistic, or cultural groups, American, Anglo-Saxon, middle-class families, whose primary language is Standard English, have been the reference point in defining deafness. Research related to cultural differences in perceptions and responses to deafness has been scant. Children of color are largely at-risk for hearing loss due to disproportionate rates of poverty. The purpose of the present study was to examine the perceptions and responses to deafness among African American hearing families with deaf and hard-of-hearing children. Specifically, this study addressed African American hearing caretakers' etiological conceptions of deafness, perceptions of deaf people, and perceptions of hearing impairment.

Introduction

The incidence of disability is more prevalent among African Americans than any other racial or ethnic group in the U.S. (Alston and Turner, 1994). The impact of disability (e.g., perception of burden) on the African American family unit has been the basis of research studies (Glidden, Kiphart, Willoughby, and Bush, 1993; Mary, 1990; Flynt and Wool, 1989; Grand and Strohmer, 1983; Jordan, 1971). In these studies, which were primarily comparative studies with other racial and ethnic families, African Americans were found to experience less perceptions of burden.

Research related to culture and perceptions of disability have been scant. Culture, in this instance, is defined as worldviews, values, attitudes, belief systems, language, communication, problem solving, family roles, and parent-child communication (Green, 1995). According to Schildroth and Hotto (1995), Cohen, Fischgrund, and Redding (1990), and Moores (1987), African American children account for approximately 20% of all school-aged American deaf children, which comprises the largest percentage of deaf students of color. Children of color account for nearly 40% of all deaf children in educational programs in the U.S. (Schildroth and Hotto, 1995). Yet, little attention has been given to African American families who have children with disabilities in general, and specifically children with hearing loss, from a theoretical or cultural perspective.

Many studies that have considered topics relating to families of deaf children have tended to focus on the child. Isolated from their families of origin, their cultures of origin, and the social context in which they live have been the basis of researching deaf children (Harrison, Dannhardt, and Roush, 1996). According to Fischgrund, Cohen and Clarkson (1988), a family's status unmistakably—whether it is language (e.g., non-Standard English), racial/ethnic group status, culturally different, or low economic disposition—affects its responses to a deaf child. Fisiloglu and Fisiloglu (1996), Gartner, Lipsky, and Turnbull (1991) state that these perceptions and responses to deafness are more a function of factors such as culture or economic disposition than they are a function of whether or not there is a child with a hearing loss within the family unit.

Although cultural groups may differ greatly in their perceptions and responses to disability, and more specifically deafness, the reference point in defining disability and deafness has been derived from the American-Western cultural patterns. In efforts to avoid some of the confounding influences inherent in racial and/or cultural differences, these patterns have been selected from what can be typically described as American, Anglo-Saxon, middle-class persons whose first and/or only language is Standard English (Cohen, 1993; Meadow, 1978). However, children of color are largely at-risk for hearing loss due to disproportionate rates of poverty (Holt and Hotto, 1994; Rounds, Weil and Bishop, 1994).

"Deafness makes one no less a member of a racial, linguistic, or ethnic group" Cohen (1993). However, many professionals (e.g., researchers, educators, etc.) in the field of deafness are unprepared and/or skeptical regarding this challenge, oftentimes demanding that deafness in some way supersedes racial, ethnic, cultural, linguistic status, group membership, or family of origin in which deaf children are born (Cohen, 1993).

As a result, there is a dearth of research studies focusing on the cultural and behavioral patterns among culturally diverse families of deaf children (e.g., African American) to afford both intra-cultural and cross-cultural analyses (Gartner, Lipsky, and Turnbull, 1991). While many reactions to deafness are assumed "universal," it is still not clear the extent to which these reactions are similarly manifested in African American families. There is a need for additional research, greater focus, and understanding of culture to in order to facilitate the provision of effective services for culturally diverse families (e.g., African American)

with deaf children (MacNeil, 1990; Fischgrund, Cohen, and Clarkson, 1988).

Purpose of Study

The purpose of the present study was to examine the perceptions and responses to deafness among African American hearing families raising deaf and hard-of-hearing children. Specifically, this study addressed the following research questions:

1. What are African American caretakers' etiological conceptions of deafness?
2. What are African American caretakers' perceptions of deaf people?
3. What are African American caretakers' perceptions of hearing impairment?

Methods

A qualitative, exploratory design consisting of in-depth thematic interviews with 10 non-deaf African American families (14 participants) with deaf children was utilized to identify perceptions and responses to deafness and deaf people. As Rubin and Babbie (1993) indicate, if a research area is relatively new, an exploratory approach is an empirically appropriate vehicle to conduct a study. Furthermore, there is a paucity of literature and theoretical perspectives on African American caretakers with deaf children; therefore, the employment of an exploratory research design based on a qualitative research model is most appropriate for this study (Marshall and Rossman 1989; Ibrahim and Arrendondo, 1986). Qualitative research aims to place research participants' experiences and perceived/identified needs at the center of knowledge development and validation (Kershaw, 1998). For further interest in qualitative studies of African American families with children with disabilities, please see: Rogers-Dulan 1998; Morris 1992; Kalyanpur and Rao 1991.

Sample and Selection. A purposive maximum variation sample was recruited in order to capture both common and unique approaches utilized by African American non-deaf caretakers of deaf children. By recruiting African American caretakers residing in the Metropolitan DC area (Washington, DC, Maryland, Virginia) and Pennsylvania, diversity within the sample was maximized.

In efforts to further increase diversity within the sample and avoid confounding class and ethnicity, which can easily occur when

certain groups disproportionately occupy socio-economically varied positions in society, African American caretakers from diverse socioeconomic backgrounds were sought. Garbarino and Ebata (1983) emphasize the importance of disentangling these oftentimes-interlocking variables because of the risk of confounding legitimate cultural differences with the effects of socioeconomic oppression, and/or elevating standards of the socio-economically privileged to the status of universal assumptions.

Existing literature suggests that the non-random sampling method, while not the preferred choice, is acceptable until a database can be developed that can more adequately assess a population (Bernard, 1995; Brown, 1983). Previous studies of caretakers of deaf children have revealed a range of sample sizes, from as few as one to more than ten (Meadow-Orlans, 1996; Beazley and Moore, 1995; Gerner de Garcia, 1993).

It is important to note that African American in this instance pertains to persons of African descent, born in the United States, and who share common historical and contemporary American experiences (e.g., U.S. slavery, racism, culture, and aspirations). African American also includes diverse groups representing Caribbean/West Indian cultures (e.g., maximum diversity within sample).

A *Consent for Investigative Procedures* form outlining the nature of the study, responsible contact persons, information regarding confidentiality, benefits of the study, etc., for the protection of human subjects was given to participants before the interviews. Also, a self-administered questionnaire regarding demographic information, such as: race/ethnicity, age, socioeconomic status, geographic residence, number of children, etc., was given to participants to complete before the interviews.

Demographic Variables

Race/Ethnicity. Five participants identified their race/ethnicity as African American; one as Black American; one as both African American/Black American; one as African American, Black American and person of African descent; three as all of the above—African American, Black American, American Black, and person of African descent; one as other—Black-Hispanic; one as other—Afro-Latina; and one unidentified—no response.

Income. Four family units earned an income over $55,000; two family units earned between $45,001 and $55,000; two family units

earned between $25,001 and $35,000; and two family units earned between $15,001 and $25,000.

Education. Two participants received above Master's degree level; two of the participants received Master's degrees; two were college graduates plus additional course work (without advanced degree); three were college graduates; two have completed two years of college; one received a high school diploma with additional professional courses; one received a high school diploma; and one did not receive a high school diploma.

Family Relationship. Nine identified themselves as the mother of the deaf child; one as the stepmother; one as the grandmother; one as the sister; and two identified themselves as the father.

Age of Family Participants and Their Children (Deaf/Hard of Hearing). Three of the participants were 21-30 years of age; three were 31-40 years of age; four were 41-50 years of age; and four were 51-60 years of age. Children ages ranged from two to seventeen years of age. Four children were female and six were male.

Martial Status and Geographical Background of Family Participants. Seven identified their marital status as married; five as single; and two as divorced. Three participants grew up primarily in suburban areas; six in urban/city areas; four in rural areas; and one unidentified—no response.

Total Number of Children in Household. The total number of children in the household ranged from one to four children, with an average of 1.6 children per household.

Etiology—Causes of Deafness. Causes of hearing loss were labeled by participants: three (30%) meningitis (spinal, cerebral, and bacterial); two (20%) meningitis as a complication of premature births; two (20%) unknown; one (10%) recurrent ear infections w/genetic predisposition; one (10%) "nerve damage"; and, one (10%) because of maternal drug use.

School Placement. Seven children were identified as attending schools for deaf children, two as attending mainstream schools, and one as attending a nursery.

Data Collection

The primary data collection technique employed in this study was semi-structured, in-depth thematic interviewing, which took approximately two hours per interview. In-depth interviewing features informal, structured conversations rather than formal, closed-ended ones. The researcher explores a few general topics to help uncover the

participant's perspective, but otherwise takes note of how the participant frames and structures the responses (Marshall and Rossman, 1989).

Focus questions were established before the interviews in an effort to guide the interview process. Focus questions or general directions included: "How do you explain the occurrence of deafness? Why are some people deaf and some are not? What does it mean to be deaf? What does it mean to be hearing impaired? It is your decision as to what you want to disclose/share, in what depth, and where you begin." Thus, all questions were open-ended, permitting families the opportunity to share freely their experiences in raising a deaf child. This is an assumption fundamental to qualitative research—the participant's perspective or narrative explicating the social phenomenon of interest should unfold as the research participant views it, not as the researcher views it (Bernard, 1995; Marshall and Rossman, 1989).

After written consent, all interviews were tape-recorded for transcription purposes, each interview requiring at least ten hours to transcribe. Reflexive journaling was used to foster maximum validity of research findings. In addition, member checking was used to foster maximum validity of research findings. Member checking in this study consisted of collaboratively sharing transcripts with participants for their feedback and accuracy of information pertaining to their own personal narratives and findings before this researcher compiled and disseminated her findings. Gold and Bogo (1992) state that it is critical that research participants are defined in terms they consider meaningful.

Data Analysis

The data analysis plan in this study entailed a grounded theory approach (Strauss, 1987). Categories used by researchers utilizing a grounded theory can be decided inductively (Strauss, 1987). Inductive empirical observations (e.g., in-depth, thematic interviews) allow the interaction of culture, language, and behavior—both researcher and participant (Berg, 2001; Barker, 1957).

Results

Unlike quantitative research methods, which generally afford research participants numerical anonymity, qualitative research methods cannot guarantee numerical anonymity. This is one of the potential risks involved in qualitative research (Padgett, 1998). Therefore, in order to facilitate and increase anonymity, this researcher made every effort to ensure that research participants' identities were not revealed, by interweaving findings and results of all 14 participants (Berg, 2001;

Padgett, 1998). Although qualitative research studies typically present results in vignette, case-based formats (Berg, 2001), this study presents findings and results in a transactional and interwoven manner where both common and unique themes are highlighted.

Etiology of Deafness

An analysis and coding of transcripts derived from in-depth thematic interviews with African American family participants revealed an interrelated, multidimensional (extrasensory) orientation to explain their etiological conceptions of deafness. The interrelated, multidimensional understanding consists of a mind-body-spirit conception.

Further illustration of this conception of etiology is presented by the selection of representative and lucid excerpts. These responses have been categorized (e.g., mind, body, and spirit) for illustration purposes only. An analysis and interpretation of the findings follow in the discussion section.

BODY—Physical Aspects

> "I think several factors could be involved—it could definitely be a genetic, biological basis for deafness. Some mutation in transcription...It could be reoccurring ear infections, even though they deny it—otitis media can cause damage to the ear...It can also be accidents, like car accidents or anything that effects the side of the nerve."

> "I don't know if there is really any medical definition of why some people are and some people aren't. What I have found, though, in my experience is that most African American deaf people seem to have lost their hearing through illness, through either spinal meningitis or scarlet fever, something of that nature. While most of the White deaf individuals that I have encountered have been born deaf, there have been some that have lost their hearing through illness, but that's the minority. The majority I found were born deaf, but I don't know the explanation for that."

MIND—Psychological Aspects

> "I think that potentially there is a possibility of there being a psychological basis to deafness. There is a possibility that if a child experiences some trauma or heard some trauma that the mind is sufficiently sophisticated that it can choose to turn off certain senses. In addition, I think that it is within the realm of the mind to say, 'You know, I can't cope with this right now, so I can turn off this sense.' In this case, we are talking about the sense of hearing."

SPIRIT—Spiritual Aspects

> "I don't question the deafness or how they became deaf—that is just God's way—God doesn't need a reason."

> "I believe that God has a plan for all of His children and I believe that everything is designed to give Him glory. My daughter is such a special spirit. I have never thought of her being deaf as a result of God's plan. Maybe it is because she wasn't born deaf and was deafened from an illness that could have taken her life, but God's will for her to live. Maybe that is the plan for her to be His instrument of praise through deafness rather than despite deafness."

A diunital (both/and) logic found in African American culture plays a role in how African American families of deaf children perceive the etiology of deafness (i.e., mind-body-spirit). Diunital logic differs from binary logic (either/or) in that what appears to be opposite can harmoniously coexist and even bring forth a new and different interrelated category or way of seeing the world. The three interdependent and interconnected dimensions (mind, body, and spirit) explain the etiological conceptions of deafness with the spiritual conceptions, allowing all dimensions to exist harmoniously in the lives of African American families of deaf children as illustrated by the above excerpts. As stated by one of the participants in this study, "We believe in multiple causes—it's clear for us!"

According to a 1992-93 survey, the causes (etiology) of 52.5 percent of the cases of hearing losses were unknown or unreported (Holt and Hotto, 1994). However, as noted above by family members and

researchers, a relatively large portion of African American children acquire deafness as one of the consequences of meningitis and/or a higher incidence of deafness related to premature births (Chinn, 1996; Moores and Oden, 1977). Hispanic/Latino and White American children, on the other hand, have a higher incidence of genetic deafness.

With such gaps in the knowledge base pertaining to the etiology of deafness by medical professions, the spirit helps to provide a holistic link as an inclusive explanation for deafness. This multiple causal understanding of deafness can link both material (e.g., physical) and non-material (e.g., spiritual) elements in a multidimensional and interrelated manner. In African American culture, the unseen (e.g., spirit) is just as epistemologically important (knowledge validation) as what can be seen via the five senses (Kambon, 1992; Akbar, 1984). As Martin Luther King, Jr., (1967) stated, when "believing that only those things which we can see and touch and to which we can apply our five senses have existence, something should remind us once more that the great things in this universe are things that we never see." For example, the excerpts of two mothers:

> "It has to be something larger than the physical because it's just unexplainable."
>
> "But if you had to explain why in whatever way you wanted—GOD! This is just how God wanted him (son) to be. I mean people could say genetics, but who really oversees the genetic code of people other than GOD? So it just goes right back there (GOD!)." (participant's emphasis, exclamation)

Akbar (1981) explains this interconnected and interdependent reality: "What is tangible is only a reflection of a higher intangible reality."

Although all families explained etiological conceptions of deafness in scientific terms, the majority (9 out of 10 families) explained it in spiritual terms, with elements of predestination. One family, however, exclusively explained it in medical, scientific terms while another family explained it in mystic terms. This family member explained that information is not always accessible to human beings and this is the natural order—"we humans cannot know everything!" Another family explained etiological conceptions of deafness almost

exclusively in spiritual terms without this researcher making any specific reference to God during the in-depth interview. In fact, this mother's only reference outside the spiritual realm as related to this research question was:

> "In medical terms for being deaf, it can be any number of things such as an ear infection, too many ear infections, because they (medical profession) have to have a reason for everything!"

Perceptions of Deaf People

The following selected excerpts are presented to address the research question: *What are African American family caretakers' perceptions of deaf people?* An analysis and coding of transcripts revealed once again a diunital—both/and perspective in viewing deafness in terms of both oral and manual communication. This diunital conception also relates to perceptions of deafness as a culture (a way of life) and a disability stemming from environmental and societal barriers (attitudes) and not the "disability" itself.

Another major theme is the view of deafness as a normal human variation of God's infinite, creative wisdom. A notion of lived experiences per families' excerpts indicates that the criteria for accessing knowledge is ultimately determined by persons who are deaf and/or hard-of-hearing because it is an actual way of life. Deafness, then, automatically refers to deaf people, and only deaf people can determine what it means to be deaf. Thus, a major theme among African American family participants' explication in their perceptions of deafness is that deafness is experiential, diunital, and tied to a whole person and a way of life, not just a "lack of hearing."

Diunital—Oral and Manual

> "...I do want my child to be in the deaf community, because I feel as though that's a part of him, and I do not want to take that away from him. But by my being a hearing parent I also think it is important for my child to speak, because I want him to have both worlds..."

> "...Some choose sign language because they don't perceive sound. Others choose differently..."

Diunital—Culture and Disability

"I've learned that it not only means not to hear, but it's certainly a culture. And I think there are lots of things connected with that culture. It doesn't mean that you don't feel sounds. You do feel music, you can dance, and you have rhythm, or do whatever. It means you communicate differently."

"Deaf is two things. One, deaf is a culture, so it's a way of life, the way you learn, and the way you interact with people. And, it is also a lack of hearing."

"It's an alternative way of perceiving the world...I see him as experiencing the world in a different perspective. Now part of what I have been really most successful at is refusing to take on other people's notions of being disabled so that I don't shut his voice off...I don't take on anybody's notions that he is handicapped or anything like that, because for me he isn't. And so what I know for myself is that I am refusing to adapt this society and culture's notions of viewing deafness because deafness in a very Eurocentric way means incompleteness and I see him as complete. Part of what I do is refuse, and I understand that that is an intention that I'm deciding to hold, but I think that what it is doing is creating a space for him to be who he wants to be and to achieve his full potential. So, I'm holding a different orientation of what it means so that he can have a different perspective on it."

Experiential Perspective

"In my limited experience, it means to be unable to hear in a world that's hearing...while they are making a pride or have deaf pride, the reality of it is that you are doubly discriminated against if you are African American and you are deaf."

"I could never could imagine being deaf and I never could understand deafness because I never was deaf, so it is kind of hard to explain deafness if you have never been deaf, but being a parent of a deaf child, I can only imagine what she feels."

> "It means a lot of things living with a child who sees a lot...It means a lot of things to me, because I've always raised a hearing child...
>
> ... I don't know when I am through with her or when she is through with me teaching her whether she is going to have enough to be. So deafness in her means a lot of things. Deafness means nothing to me because I haven't been deaf—it is defined by deaf people, and I know that. So, that's all the definition I can give you."

The use of diunital and holistic logic by African American family participants was demonstrated in their understanding and articulation of deafness. Diunital logic entails viewing what appears to be opposites (disability/culture and oral/manual) as complementary and interdependently. This is in contrast to viewing phenomena in linear (unidimensional) and dualistic (either/or) terms typical of Western, Eurocentric traditions, which render persons as incomplete. Thus, when deafness is viewed using this binary logic, it is then viewed as *either* a disability *or* a culture (if that). However, when deafness is viewed using a diunital logic, it can then be viewed in both physical and cultural terms—human variation. Participants also viewed deafness from the point of both speech and sign language.

The diunital logic is an African drive for "wholeness" and "fullness" (Schiele, 2000; Nobles, 1985). For example:

> "I don't think of my son as deaf. Before I used to think of deafness as a very monolithic condition—either you hear or you don't...there are varying degrees of deafness...Deafness in and of itself is incomplete and I don't like labeling and categorizing people. It is very limiting and you are then more inclined to make judgments—it is just one aspect of his (son) life. I don't label or limit him (son) in that way."

The emphasis on shared experiences among human beings reflects the myriad of shared experiences of the group itself. Nobles (1985) refers to this commonality as "experiential communality,"

because it is through the sharing of experiences communally that persons are able to take on "collective identities" and "collective social realities." The self is extended to join others in common, experiential ways. And, it is only through this shared experience can one then explicate the experiences of someone else, which is limited but still authentically tied experientially (i.e. collective identity).

To highlight and summarize some of the diunital and experiential perceptions of deaf people, the following themes have been noted:

1) Deafness is bilingual
2) Deafness is a way of life
3) Deafness is an alternate way of perceiving the world
4) Deafness is holistic
5) Deafness is ultimately defined by deaf people

Perceptions of Hearing Impairment

The following selected excerpts from the interviews are presented to address the research question: *What are African American family caretakers' perceptions of hearing impairment?* Hearing impairment has generally been defined by Western (Eurocentric) medical paradigms. This definition has consisted of viewing deafness in terms of individual, biological deficiencies (Mackelprang and Salsgiver, 1996). Harlan Lane (1992), a strong advocate of the deaf-culture-movement, states that hearing impairment as a label "has embedded within it the infirmity model that legitimates" the "audist" establishment (e.g., audiology, speech therapy, education, etc.).

Lane (1992) states, "When a member of the deaf community accepts such a label, he surrenders his own identity and accepts definition by the dominant social group." The dominant social group that Lane (1992) is referring to is a homogeneous group referred to as "hearing," which includes all hearing persons from all racial and ethnic groups. However, during the second interview, this interviewer noticed that "hearing impairment" was referred to in a different manner. Therefore, this research question was included: *What are African American caretakers' perceptions of hearing impairment?* This focus question asked: *What does it mean to be hearing impaired?*

Diunital—Deafness and Hearing

"It means you do not hear 100%, therefore, there is an impairment. Most of us are hearing impaired although there is no general agreement. It is not a precise type of thing because it's just a measurement. It's more important how you communicate and relate to others. You can still read lips and fill in gaps. We can hear well and yet not listen well. Hearing doesn't mean you can always hear."

"I think that is an ambivalent situation for someone because you're not deaf and you're not hearing. And the deaf community, I found is somewhat closed...they're kind of caught in middle...your problems are a little different when you are hard of hearing vs. being deaf or hearing."

"...a different way of life, a different level of hearing for people who are non-hearing impaired. I guess it all fits under the term deaf... It's like hard of hearing almost. Hard of hearing fits in there with deaf also..."

"Technically, I am sure that there is a difference between hearing impaired and deafness."

"A difference in decibels. *(Interviewer: So you are saying there is a difference in decibels?)* Yes, you know what decibels are, right? (*Yes, but I don't know which direction you are going. Is it an increase in decibel loss or a decrease in decibel loss?)* Oh, well it's an increase. *(Grandmother, the respondent's mother, asks: Hearing impaired for you is an increase in decibel loss compared to deafness?)* Oh, you know, I'm sorry, I thought you meant hard of hearing... *(Interviewer: So when you heard hearing impairment, the first thing you thought of was hard of hearing?)* Yes, that's why I answered it that way."

"Hearing impaired? There are levels of hearing impairment...Hearing impaired people or kids can talk

> on the phone and talk to you. They can hear some of what you are saying... It's different."
>
> "Hearing impairment is a little bit different than being deaf. Being deaf is like severe-profound because at first he (son) was born hearing impaired...I think hearing impaired is a little bit different because you can actually get some benefit from a hearing aid. You are able to actually hear some sounds..."

If a deaf person were to take on the definition of hearing impairment as determined by hearing African Americans caretakers in this study, then the deaf person would identify him/herself as "hard of hearing." This identity was not viewed negatively by the participants, but rather based on criteria of how one functions and lives his/her life (e.g., voice/phone communication). African Americans (13/14 participants) in this study viewed hearing impairment as a process (dynamic) and in diunital (both/and) terms—the coexistence and interconnectedness of what seemingly appears to be opposites (Schiele, 2000; Meyers, 1988). In fact, the only family participant who viewed hearing impairment as "deaf" stated that a school for deaf children influenced this view of hearing impairment.

Hearing impairment as a concept includes both hearing and deafness or the identity of hard of hearing. Whereas the Western medical model with its Eurocentric underpinnings focuses on the *impairment* in one's hearing, African Americans in this study, focused on the *hearing* in one's impairment—just the opposite. For example, Sartwell (1998) states, "The dualisms are inscribed in European languages or, are constitutive of European languages." So, then for the Eurocentric mind, hearing is understood from a binary logic perspective as an "either/or" fact-of-life (e.g., dualism). Lane (1992) states that hearing impairment "exists only in opposition to hearing." However, this is not true for the participants in this study.

Yacobacci-Tam (1988) states that every aspect of humans' lives is profoundly rooted and determined by cultural norms and expectations. These cultural nuances can vary widely among groups within multiethnic nations. Therefore, when members of different ethnic groups communicate, the possibility of misunderstanding, conflicts, and judgments can arise. The direct cause of these misunderstandings is oftentimes due to a lack of experience and/or familiarity with the variety

of thoughts and behaviors associated with different cultural traditions, values, languages, or concept meanings. For example, the implications of medical professionals (i.e., physicians, audiologists, etc.) informing African American families that their child is hearing impaired may very well signal to these parents or guardians that their child is hard of hearing, which, of course, may significantly influence their communication choice and usage with their deaf child.

Dillard (1972) and several other linguists have meticulously researched the philological (e.g., cosmology, ontology) origins of African American Language (also called African American English, Black English, Ebonics), and have concluded that it is indeed a language in its own right. However, many Americans fail to acknowledge this fact. For example, as stated by one of the caretakers:

> "In Deaf culture, there is no such thing as hearing impaired, because you are either hearing or deaf. Hearing impaired simply means that or what I have been told is that hearing impairment is not something that can be fixed, it's something that is...It's not like a broken CD where it's impaired and then later it can be fixed, so you are either deaf or you are hearing. (*Interviewer: What does it mean to you when you hear the term hearing impairment?*) It means that this person can hear some, but not everything—hard of hearing."

To highlight and summarize the diunital logic used to explain hearing impairment, the following themes are noted:

1) Hearing impairment entails a different level of hearing
2) Hearing impairment entails a different way of life
3) Hearing impairment ultimately means both deaf and hearing

Conclusion and Discussion

To highlight and summarize some of the diunital and experiential perceptions of deaf people the following themes have been noted:

1) Deafness is bilingual
2) Deafness is a way of life

3) Deafness is an alternate way of perceiving the world
4) Deafness is holistic
5) Deafness is ultimately defined by deaf people.

The diunital logic used to explain hearing impairment, the following themes are noted:

1. Hearing impairment entails a different level of hearing
2. Hearing impairment entails a different way of life
3. Hearing impairment ultimately means both deaf and hearing

Stanfield (1994) notes that many groups of color (e.g., African American) view the spiritual, emotional, and social as integral parts of the whole person linked to physical environments. Therefore, it is important that methodologies be epistemologically grounded in holistic notions of human beings. Operationally, this would entail in-depth interviews and oral histories, for example. Such qualitative methods would then allow the examined persons of color to articulate explanations and definitions that are holistic in nature as they construct their own realities.

The initial reliance on qualitative approach to data is precisely related to the above cultural nuances regarding concept meanings (e.g., hearing impairment). Kershaw (1998) states that an important step before developing testable hypotheses is the operationalization of the variables under study so that these variables can later be empirically tested—in other words, ground the concepts in meanings that are significant to the lives of people (Kershaw, 1998; Stanfield, 1994).

For example, while the experiences of White American families with deaf and hard-of-hearing children are extensively documented, there is a dearth of information about the experiences of African American families, whose children represent a large proportion of deaf and hard-of-hearing children nationwide. Chamba, Ahmad, Darr, and Jones (1998) and Steinberg and Davila (1997) state that cultural groups differ in their perceptions and responses to deafness, thus they differ in their experiences in raising a deaf child.

Future Research Recommendations

A larger sample of African American hearing families of deaf children would yield greater measures of Afrocentric tenets and underlying cultural assumptions. A larger sample of African American

men is recommended in future research. For example, although most fathers (8/10 families) were actively involved in their children's lives at the time of this study, the majority of African American (and Latino) fathers in this study did not participate in the in-depth interviews. Two African American fathers did participate in this study.

Participation may have reflected the nature of family roles. For example, it is the mother who primarily conduct business/relations with institutions, schools, etc., related to the child (Cohen, 1993). Culture is a very forceful determinant of the roles and relationships within the family structure and can drive child-rearing practices (Williams and Wright, 1992; Anderson and Fenichel, 1989). Therefore, further research is needed with a larger sample to understand more fully the nature of family roles and ways in which families can be supported (Gartner, Lipsky and Turnbull, 1991).

The high percentage of African American (and Latina) women participating in this study in relation to African American (and Latino) men may also reflect a bias in the research methods utilized and in the researcher. For example, although in-depth interviews are not support groups, they may facilitate a style of communication that is more appealing or functional to women than men. For example, Cochran (1992) found that women more than men and educated persons more than less educated persons are more likely to participate in support groups, activities, or similarly situated formats (e.g., in-depth interviewing). It can be extrapolated that the above communication style (face-to-face in-depth interviews) and/or family roles explain why the majority of participants in this study consisted of highly educated women.

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